

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19415

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Children's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Charles Kenneth Blake

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 11th, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 5 4 hr. min.

9. Birthplace Watertown, Missouri N. Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Kenneth Blake  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Helen Newtown  
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Blake  
(b) Address 3435 Lafayette Ave.

17. (a) Removal (b) Date thereof 6/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Watertown, New York

18. (a) Signature of funeral director Peetz Bros.

(b) Address 3029 Lafayette Ave.

19. (a) JUN 16 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3435 Lafayette Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th  
year 1943 hour 1013 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-14, 1943 to 6-15, 1943;  
that I last saw him alive on 6-15-43, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 1 week  
Duration

Due to Pertussis 2 weeks?

Due to Q

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Barnett (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 6-18-43

61 AUGUST 1961 H

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

- ....., Registered Apprentice No.....
- working under my personal supervision.

Signed.....

*Frank J. Duvon*

Licensed Embalmer No.....

2245

P. O. Address.....

*St. Louis, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5514

On this 1st day of July, 1943, before me appears  
Mr. Wm. Decker (undertaker), who, upon his oath, states that the original record of ~~birth~~ death  
for Charles Kenneth Blake died June 15th, 1943 in the State of  
Missouri, and which was filed at St. Louis, Mo. on 6-16-43, 1943, should be corrected as follows:

Item No. 7 should read January 11, 1943

Instead of February 11, 1943

Item No. 8 should read 5 mos. 4 days

Instead of 4 mos. 4 days

Item No. 14 should read Helen Newtown

Instead of Helen Newton

Item No. 9 should read Watertown, New York

Instead of Missouri

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Wm Decker Funeral Director  
Relationship.

3024 Lafayette Ave  
Present Address.

Subscribed and sworn to before me this 1 day of July, 1943.

My Commission expires by Commission Expires March

Edna C. Chubb Notary Public.

S-19415